

***Real Cuts – Real People – Real Pain,
The Effects of the Fiscal Crisis on Women & Girls in MA***

Tuesday, December 7, 2004

REMARKS

Welcome – Chair Kathleen Casavant

Thank you all for joining us today as we release our first research analysis, *Real Cuts – Real People – Real Pain, The Effects of the Fiscal Crisis on Women & Girls in Massachusetts*.

INTRO VIPs – Recognize Women's Caucus Members Standing With Us

The Massachusetts Commission on the Status of Women is an independent state agency that was legislatively created in 1998 to advance women toward full equality in all areas of life and to promote rights and opportunities for all women. The Commission exists to provide a permanent, effective voice for women across Massachusetts – including being the voice for the voiceless and the conscience against the unconscionable.

The Commission is bipartisan and comprised of 19 Commissioners who are appointed by one of four governing authorities: the Governor, the Senate President, the Speaker of the House and the Caucus of Women Legislators.

Part of the MCSW's mission is to study and report on the status of women in Massachusetts. The idea for this report emerged during the height of the state's fiscal crisis, when Commissioners worried about the impact of budget cuts on the women of the Commonwealth. We believed an analysis would show that women are being disproportionately impacted by changes to the state budget. Today's release will prove that the Commission's instincts were right on target.

This comprehensive report also demonstrates that state government is incredibly important in women's lives. It is not, as is sometimes thought, an alien, impersonal, separate entity, but something that makes a true difference for women and their families. The report examines the effects of changes in access to education and higher education, job training, child care, health care and other government services on the economic security and life opportunities of Massachusetts' women and girls. It shows what can happen for women when investments are made, and what happens when cuts occur. And, since women are the majority of users of state services, when cuts are made to more than one program or agency, it disproportionately affects women because the reality of poverty is that each consumer of state services generally requires help from more than one source.

The themes you'll hear and read about today are the same ones that we've heard as we've traveled around the state, holding public hearings and listening to women from different regions talk about their realities. This report allows us to further

document, in a very objective way, the “real pain” that the women of the Commonwealth are experiencing. We believe it contains data of use to nearly every segment of society and that the results will contribute significantly to the public debate about future options.

We would like to thank the Massachusetts Budget and Policy Center, particularly authors Alyssa Na'im and Nancy Wagman, for completing this research for us.

I will now ask some of our Commissioners to provide you with highlights from the main segments of the report. We'll start with Commissioner Lianne Cook, Executive Director of Health Quarters.

Overview – Commissioner Lianne Cook

During the budget crisis that began in fiscal year 2002, Massachusetts cut almost three billion dollars from the state budget. This report examines the impact that those cuts have had on women and girls in the Commonwealth. And while state fiscal policy often appears to be a dry and distant topic, a careful examination of the state budget over the past four years shows that there have been real cuts that are causing real pain to real people. Half, and often far more than half, of these people are women.

Women and girls are the primary beneficiaries of many of the essential services that government provides. While some of the most important state services help mothers to raise their families, other equally important services help women to participate successfully in the workplace. Other services help women and girls maintain healthy and safe lives within their communities. For example, by providing child care assistance, state government helps tens of thousands of low-income women to balance work and family obligations. By providing publicly-funded health insurance, state government helps women and girls get access to high-quality health care.

For instance:

- In 2003, 68 % of the students graduating from state colleges were women, and 64% of community college graduates were women.
- Sixty-five percent of adults covered by Medicaid in Massachusetts are women.
- Women head more than 90 % of families receiving Temporary Assistance for Families with Dependent Children.
- Single mothers head 72% of families living below the federal poverty line in Massachusetts and thus housing subsidies, childcare and other supports provided to low-income families disproportionately help women.
- In 2004, 78% of the recipients of elder home care services in Massachusetts were women.

In many cases the state's efforts to provide economic security, expand opportunity, and protect the well-being of women and girls have been directly harmed by budget cuts enacted during the state fiscal crisis. This report describes the benefits state services provide for women and girls, tracks funding for these services since the fiscal crisis began, and examines the impact of budget cuts. The report looks both at areas where women are the primary beneficiaries of services and at other areas where women and men participate equally, but the economic impact on women is particularly significant.

While the report encompasses issues from childcare through the concerns of elderly women and so much in between, we'd like to today briefly highlight three key areas – education, health care, and women's economic self-sufficiency.

Education – Commissioner Catherine Greene, Esq.

For most women, education is the most important way in which their lives are affected by state government. Budget cuts to all levels of public education compromise the economic security of women who must attain higher levels of education to advance their earnings.

Budget cuts to primary and secondary education have affected girls and women across the age spectrum: many young girls in elementary grades no longer receive targeted assistance with literacy; numerous adolescent girls no longer have access to after school programming; women who desire to earn their high school equivalency are deterred by long waiting lists; and many female teachers who still have a position are required to manage larger class sizes.

Higher education, in turn, is a means to secure economic self-sufficiency for women and men. Although higher education is not generally considered a “women's issue,” the fact that women represent the majority of students in Massachusetts' public colleges and universities makes it one.

In Massachusetts, women make up more than half of the total enrollment in public colleges and universities. At state and community colleges, enrollment rates for women are even higher; in the 2002-03 academic year, women represented at least 60 percent of students enrolled at these institutions. These institutions accordingly award a higher percent of degrees to female students. Between fiscal years 2001 and 2004, total funding for higher education fell by \$200.6 million or 24 percent in real terms.

Comparing the earnings of men and women by education level shows two stark trends: men have higher earnings at each level of educational attainment; and earnings rise substantially for men and women as they receive additional education. From the perspective of being able to provide economic security for their families, the data in this report suggests that women may need the benefits of education even more than men. Women without a high school degree need to get a high school

degree to have earnings that approach those of men without a high school degree. The same trend continues at each step of further education.

Economic Self Sufficiency & Child Care – Commissioner Susana Segat

In many cases the state's efforts to provide economic security and expand opportunity for women have been directly harmed by budget cuts enacted during the state fiscal crisis. While some of the most important services state government provides help mothers to raise their families, other equally important services help women to participate successfully in the workplace. The majority of students in state-funded Adult Basic Education are women. Virtually all of the participants in employment and training programs run by the Department of Transitional Assistance are women.

Evaluations of education and training programs suggest that, while both women and men benefit from workforce development efforts, women are particularly helped by these initiatives.

- There has been a real cut of 55% (\$20.9 million) in the Employment Services Program, a job search and training program for individuals receiving cash assistance and trying to enter the workforce. Almost all of the program participants are women.
- Between fiscal years 2001 and 2005 the Commonwealth cut funding for Adult Basic Education by \$5.1 million or 15 % in inflation-adjusted terms. In fiscal year 2004, services were provided to 10,300 individuals – 5,500 of who are women – while 23,400 remained on the waitlist for ABE programs.

Childcare also has a huge impact on a woman's ability to work and provide for her family. Primary responsibility for raising children most often falls on mothers. According to figures from the Bureau of Labor Statistics, women spend at least twice as much time caring for children as men do, even when both parents are working. Childcare costs affect mothers' labor force participation. It is primarily women whose economic opportunities have been restricted by the lack of affordable childcare and who are most helped when government helps to fund such care. Meanwhile, workers who provide childcare services face difficult economic challenges as well. Cuts to childcare programs worsen workplace conditions and freeze wages at poverty levels for many of the working women and mothers of Massachusetts who perform some of the most important work in all of the Commonwealth – taking care of our children.

Health Care – Commissioner Dr. Roseanna Means

Health care for women and girls is extremely dependent on health insurance. Having health insurance is a major determinant of whether women have access to health care services, and whether women will actually receive appropriate health

care over the course of their lifetimes. Uninsured women are more than twice as likely as insured women to delay filling needed prescriptions, have crucial health screenings such as Pap smears, and to have received no medical care (including preventive health care) within the past year. Furthermore, women without health insurance are more than four times as likely as women with health insurance to not have a regular doctor.

Women were hard hit by the changes in Medicaid during the fiscal crisis, because the MassHealth program serves many more women than it does men.

Women are more likely to be eligible for Medicaid than men because women are more likely to be the primary caretakers of dependent children in single-parent households, because women tend to be poorer, and because women are more likely to live longer than men and therefore require Medicaid-supported long-term care (Fig 35).

Even employed married women are at risk, as they are more likely to have health insurance through their spouses. So if these women become divorced or widowed, or if the spouse loses his job, they can lose coverage. Women who work part-time, more often work at lower wage jobs, and are not eligible for healthcare benefits.

Since 2002, the cuts in Medicaid funding have led to an increase in the numbers of uninsured (Fig 30). There are now > 500,000 MA citizens without health insurance.

Lack of, or inadequate health insurance creates significant barriers to health care access for women, which impacts their ability to maintain their own health and well being, care for their families, and meet the responsibilities of regular employment. For many poor women, asking for government assistance is humiliating, but when they are required to pay high out-of-pocket costs for medically necessary items such as diabetes or asthma medicine, preventive dental care, or eyeglasses, the response I am more likely to hear is that they are being punished for being poor.

Here are the take-home points:

The fiscal crisis led to reductions in benefits, limitations on eligibility, and increased out-of-pocket costs for MassHealth enrollees. As there are nearly twice as many women as men participating in the MassHealth program, these health care cuts have had a significant impact on women. Elimination of MA Health Basic followed by a partial reinstatement of services with new eligibility rules under a new name, MA Health Essential, led to confusion, discouragement, and overt disease progression for clients affected by the abrupt loss of services.

Cuts in substance abuse services led to the closing of more than half of the states' capacity for residential detoxification. Without treatment beds or healthcare coverage, some women seeking help for their addictions were turned away completely; others were sent for alcohol and substance abuse treatment to the Department of Corrections facility in Framingham for 30 days of substance-abuse treatment. In 2002, there were 149 women civilly committed to MCI-Framingham.

Cuts in HIV/AIDS (Fig. 52) and Hepatitis C programs means that thousands fewer women will be screened for these deadly diseases, will be at risk of transmitting

infection to others, and will miss necessary treatments because even transportation to treatment centers was cut.

Although smoking has a direct link to heart disease and cancer – the number one and two killers of women – the state has almost completely eliminated its nationally-recognized successful smoking prevention program, reducing funding from \$48.2 million in 2001 to \$3.8 million in fiscal year 2005 [Fig 45).

Funding for DV programs and services comes from multiple sources, including DSS and DTA, thus it is hard to perceive the cuts to these services because they are not a specific line item in the state budget. But when these agencies had their funds cut, the DV programs were severely affected (Fig 53). In FY 2003, shelters and safe homes reported roughly 6,000 incidents when individuals were turned away from [DV] services.

Public health services play a critical role in improving and safeguarding the health and well being of women and girls. There are public health programs that screen for certain diseases, others that prevent certain diseases from occurring, and those that provide access for vulnerable populations who are at risk for inadequate care. There are estimates that over 16,000 women and adolescent girls will lose access to screening for sexually-transmitted disease, screening for breast or cervical cancer, or other family planning services with the existing funding reductions.

Conclusion – Linda Brantley, Executive Director, MCSW

The cuts described in this report are causing real pain today, but they may lead to even greater damage in the years ahead. When preventive health care programs and investments in education and training are cut it often takes years for the damage to appear. For example, the reductions in benefits and changes in eligibility for publicly-funded health insurance can lead to greater health care costs as individuals seek routine care through emergency rooms. Deep cuts to prevention and treatment programs in public health will endanger the health of thousands of residents of the Commonwealth over the long run. Cuts in funding for employment and training programs, for child care subsidies, and for student financial assistance will diminish the Commonwealth's productive capacity and darken its economic future.

As the Commonwealth's fiscal and economic situation begins to stabilize, it is time to begin to ask whether the negative impacts of budget cuts on women and girls is something that should simply be accepted as inevitable, or whether new policies should be adopted in the years ahead to reverse the cuts that have caused the harm detailed in this report.

Every day, millions of women in Massachusetts benefit from the services provided by state government. Those same women also fund state government by paying taxes and fees to the state. In considering the ways in which government assists women, and the cutbacks that have been made in those programs, it is worth asking whether we believe these cuts are necessary, whether further cuts should be

implemented to finance additional tax cuts, or whether restoring some of the services that have been cut would be worth doing.

In conclusion, this report identifies many instances in which the lives and the status of women in Massachusetts could be improved. We believe it contains data of use to nearly every segment of society and that the results will contribute significantly to the public debate about future options. Our next steps include holding regional briefings over the next six months with elected officials and constituents to ensure that everyone in Massachusetts who has a use for this information, has knowledge of it and access to it.

The Commission hopes that this report will give legislators, public policy makers, advocates, women's organizations and others who deal with the constituencies outlined in the report, hard data and a tool they can use to improve the status of women in Massachusetts. We hope to join them in these efforts in whatever way we can. And, as THE voice for the women of Massachusetts, will continue to observe and track how policy and legislation is implemented.

Thank you for your time and attention. As always, we look forward to working with all of you to improve the status of women in Massachusetts.